

To: Harris County Precinct One Commissioner Ellis
From: Katie Short, Director; Amy Rose, Analyst; Will Janowski,
Analyst
CC: Jim Bethke, Director, Justice Administration Department; Ana
Yáñez-Correa, Deputy Director, Justice Administration
Department
Date: July 9, 2020
Re: **Preliminary Report, Emergency First Responder Study**

EXECUTIVE SUMMARY

The Commissioners Court's Analyst's Office (the "Analyst's Office") received a request from Precinct One to "analyze the feasibility of creating a county level emergency responder program to handle certain first-responder responsibilities that Harris County law enforcement agencies currently handle, with an initial update on findings within 30 days and the convening of public hearings upon completion of the report.

The study should address:

- How the county could route 9-1-1 calls for mental health and substance abuse crisis to a non-law enforcement crisis response team.
- An assessment of how best to structure crisis response teams to prevent crises before they occur and engage with vulnerable populations to provide referrals for preventive care
- An assessment of the cost of fully funding enough crisis response teams to handle all appropriate calls for service.
- Upon completion of a final report, there shall be a public hearing to present findings."

This memo provides a preliminary report on that request.¹ Broadly, this report finds:

9-1-1 calls for service are responded to through a decentralized system of law enforcement and first responders. However, there is a centralized process of responding to calls within unincorporated Harris County, which is outlined in this report. Law enforcement utilizes several programs and resources to assist in responding to mental health and substance abuse crises.

Mental health and substance abuse calls for service may be accompanied by or referred to non-law enforcement resources. Many of these resources are provided through the Harris Center and in partnership with law enforcement.

¹ This memo has been modified in anticipation of a final report to be published by the Justice Administration Department.

The Analyst's Office acknowledges Harris County Sheriff's Office, Harris County Fire Marshal's Office, Cy-Fair EMS, The Harris Center, the Houston Recovery Center, and the Justice Administration Department for collaboration and support on this report.

INTRODUCTION

During the June 9, 2020 Commissioners Court meeting, Precinct One requested Justice Administration Department and the Commissioners Court's Analyst's Office analyze the feasibility and cost of creating a new county-level program to route 9-1-1 calls for mental health and substance abuse crisis to a non-law enforcement crisis response team.

The methodology of the preliminary report reviews academic and government sources, interviews with departments and stakeholders in Harris County, experts in the field, and a review of state statutes.

This preliminary report includes a background of existing 9-1-1 responses and agencies and programs involved with substance abuse and mental health responses. The final section of this report outlines the next steps for the final report.

BACKGROUND

Several programs and resources exist in Harris County to support individuals experiencing mental health and substance abuse-related incidents. Some services are provided through law enforcement agencies such as the Sheriff's Office, and others are provided through alternative response resources such as The Harris Center for Mental Health and Intellectual and Developmental Disabilities (which may work with local law enforcement departments). This section provides background information on emergency response programs and resources in Harris County in two categories: Law Enforcement and First Responders, and Alternative Response Resources.

LAW ENFORCEMENT AND FIRST RESPONDERS

Law enforcement and first responder agencies that provide mental health and substance abuse-related support include the Harris County Sheriff's Office (HCSO), HCSO's Crisis Intervention Response Team (CIRT), Harris County Constables, and Emergency Medical Services (EMS). These agencies respond to mental health and substance abuse calls through the Harris County 9-1-1 Call Center.

Greater Harris County 9-1-1 Dispatch Center

In Harris County, there are over 30 different dispatch centers answering and responding to 9-1-1 calls for services. These dispatch centers generally operate independently of one another. All emergency 9-1-1 calls for service within unincorporated areas of Harris County are received and dispatched through the Harris County 9-1-1 Call Center, staffed by the Harris County Sheriff's Office (HCSO).

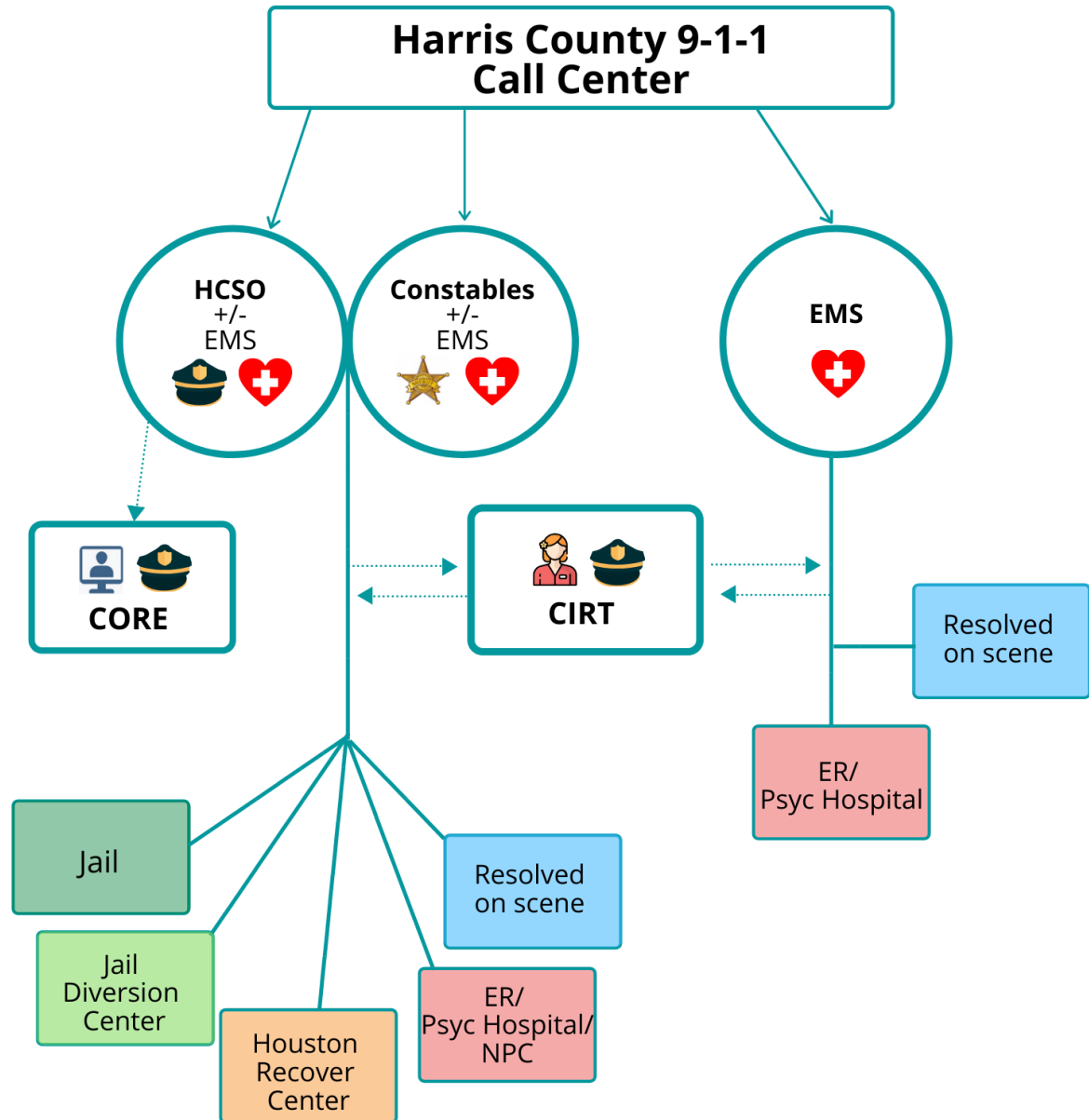
All Harris County Sheriff's Office call takers participate in mandatory crisis training that includes de-escalation training. Call takers triage calls based on location (which determines the responding law enforcement jurisdiction) and according to policies and procedures. Calls are coded using a generic three-digit code to categorize the type of call (such as an armed robbery or fire alarm).² This process includes inquiring if there is anyone on the scene with a mental health condition. If a person with a mental health condition is present, the call taker adds a special "MH" time stamp on the call to note the presence of a mental health situation.

Depending on the needs of the call (based on caller responses to dispatch questions and caller requests for service), a call for service will be responded to by HSCO (with or without EMS), Constables (with or without EMS), solely EMS, and/or the CIRT team. If the original responders receive additional or different information, or if the situation has evolved, additional responders may be directed to the scene.

² There are over 185 different CAD codes.

Figure 1

Law Enforcement and First Responder Response to Mental Health and Substance Abuse Calls for Service



Source: Analyst's Office analysis of Harris Center and HCSO programs

Harris County Sheriff's Office (HCSO)

The Harris County Sheriff's Office's (HCSO) patrol bureau is divided into five districts that serve the over four million citizens of Harris County. HCSO interacts primarily with the following emergency-response resources: the Crisis Intervention Response

Team (CIRT), Clinician and Officer Remote Evaluation Program (CORE), the NeuroPsychiatric Center (NPC), and the Jail Diversion Center.

HCSO employs 2,019 staff, 908 of which are patrol officers. All general HCSO deputies are required to complete 40 hours mandatory mental health training, per state law.³ HCSO also partners nine deputies with trained Harris Center clinicians to form a CIRT team. In addition, the HCSO CORE program consists of 100 patrol deputies connected to mental health clinicians via technology.⁴

HCSO responds to mental health and substance abuse emergency calls in unincorporated Harris County via dispatched calls (calls for service received from a 9-1-1 call center from a citizen, EMS, or a hospital) and self-initiated calls (calls for service initiated from a Sheriff).

When HCSO responds to the call, there are several options for resolving the emergency.

- If the call involves a mental health crisis, an HCSO **CORE** officer may respond and connect the individual to a mental health clinician at The Harris Center using the HIPAA-compliant technology.
- If the call involves a serious mental health crisis, the **CIRT** team may initially respond to the scene or be called to the scene to assist officers.
- If HCSO and/or CIRT is unable to resolve the issue on-scene, they may transport the individual to receive additional support.
- If HCSO determines that an individual is experiencing a mental health crisis and committed a low-level, non-violent offense, the officer may transport the individual to the **Judge Ed Emmett Jail Diversion Center** for care.
- If an individual is experiencing a mental health crisis and no crime was committed, the officer or CIRT may transport the individual to the **Neuropsychiatric Center (NPC)**, a **hospital**, or **psychiatric hospital**.⁵
- If an individual is experiencing a substance abuse crisis, the officer or CIRT may transport the individual to the **Houston Recovery Center**.
- Individuals who have committed a crime and do not have a mental health condition may be transported to **jail**.
- If a person experiencing a mental health crisis is not transported to a hospital, psychiatric center or diversion facility, The Harris Center may provide follow-up care through their Mobile Crisis Outreach Team (**MCOT**).

Harris County Constables

The Constable is the chief process server of the justice of the peace court in Harris County. Constables serve a variety of judicial processes and notices and are responsible for property seized under such actions. There are eight Constable precincts in Harris County, which collectively employ approximately 2,000 staff.

³ Texas Administrative Law: Title 37, Part 7, Chapter 218, §218.3 Legislatively Required Continuing Education for Licensees.

⁴ This program is the largest of its kind in the nation and recently received recognition from the National Association of Counties (NACO) as well as the International Association of Chiefs of Police (IACP).

⁵ Hospitals must be Emergency Medical Treatment and Labor Act (EMTALA) governed and able to take walk-in direct admits.

Deputy Constables may respond to 9-1-1 calls for service (from Harris County 9-1-1 Call Center or the other 9-1-1 dispatch) if the call is located in a contract area patrolled by a Constable.⁶

Like HCSO, if Constables are unable to resolve the issue on-scene, they may call in CIRT for support, or transport individuals to the **Judge Ed Emmett Jail Diversion Center, Houston Recovery Center, NPC, Jail, or a hospital or psychiatric hospital.**

Emergency Medical Services (EMS)

Emergency Medical Services (EMS) is a system of coordinated response and emergency medical care, typically involving multiple people and agencies. The focus of EMS is emergency medical care of the patient—whereas the focus of law enforcement is safety and order. There are 34 EMS agencies within Harris County that respond to 9-1-1 calls for service. These 34 agencies have approximately 306 licensed ambulances, most of which are licensed as Basic Life Support with Mobile Intensive Care Unit (MICU) capabilities.

EMS for Harris County is divided into several agency models:

Fire Department Model: Communities with EMS agencies embedded in the city fire departments (Houston Fire Department, etc.).

Third Service Model: A third service provides EMS in the community. In those communities, there is a fire department, police department, and EMS department. EMS services do not fall under fire or police but are incorporated as an independent department into the governmental structure of the community (La Porte EMS and Nassau Bay EMS, etc.).

Private Model: Communities that have contracted their 9-1-1 EMS response to an outsourced for-profit agency. (Acadian EMS contracting with Pasadena and Webster, etc.)

Nonprofit Model: Areas that have been chartered as Emergency Service Districts (ESDs) in which the municipality or Municipal Utilities District (MUD) contracts with a 501(c)(3) nonprofit.

EMS may respond to mental health and substance abuse-related 9-1-1 calls for service without law enforcement when there is an emergency medical need and no threat of violence. EMS response typically includes an Emergency Medical Technician (EMT) and paramedic. If needed, EMS may call for on-scene support from law enforcement (HCSO or Constable) or CIRT.

The Analyst's Office was unable to receive county-wide EMS data within the timeframe of this report; however, data from one of the largest Fire Departments in the County was provided. From January 2019 to July 2020, Cy-Fair Fire Department's EMS

⁶ Constables receive 9-1-1 calls based on their jurisdiction. Precincts 1,5, 7, and 8 receive calls for service from Houston Emergency Response Center and HCSO, Precincts 2,3, and 4 receive all of their 9-1-1 calls from HCSO.

responded to 27,000 9-1-1 calls for services, 11% of which were for mental health (7%), and substance abuse (4%) issues.⁷

ALTERNATIVE RESPONSE RESOURCES

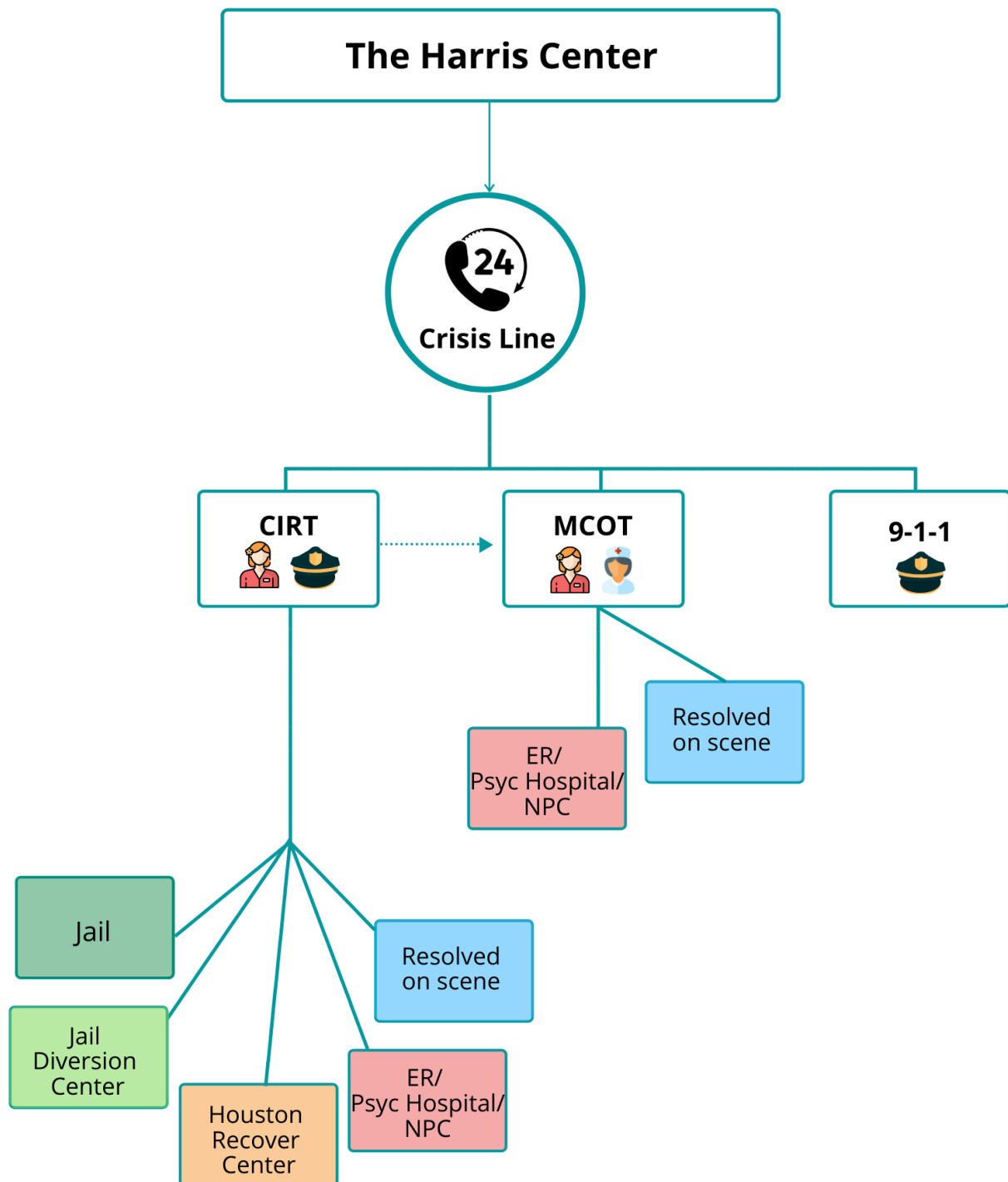
In addition to law enforcement and first responders, individuals experiencing mental health or substance abuse crises may also receive support through one of The Harris Center's programs or resources. These options target voluntary individuals, as only law enforcement officers or a judge can initiate mandatory detention for a person who is a danger to themselves or others based on current state statutes.⁸

⁷ Cy-Fair Fire Department's EMS Division is staffed with over 100 full time employees who cover the 164 square mile area of Harris County Emergency Services District #9 in Northwest Harris County.

⁸ Texas Health and Safety Code, Chapter 573. <https://statutes.capitol.texas.gov/Docs/HS/htm/HS.573.htm>

Figure 2

Harris Center Response to Mental Health and Substance Abuse Calls for Service



Source: Analyst's Office analysis of Harris Center and HCSO programs

The Harris Center for Mental Health and Intellectual and Developmental Disabilities

The Harris Center is Harris County's state-designated Local Mental Health Authority and Local Intellectual and Developmental Disability (IDD) Authority. The Harris Center supports behavioral health and intellectual and developmental disability the **Harris County Mental Health Jail Diversion Program** (which includes the **Judge Ed Emmett Mental Health Diversion Center**), the **NeuroPsychiatric Center (NPC)**, the **24/7 Crisis Line/National Suicide Lifeline**, the **Crisis Call Diversion Program**, the **Crisis Intervention Response Teams (CIRT)**, the **Clinician and Officer Remote Evaluation (CORE)** telehealth program, **Homeless Outreach Teams** (partnership with the Houston Police Department and the Harris County Sheriff's Office) and the **Mobile Crisis Intervention Team (MCOT)**.

Harris County Mental Health Jail Diversion Center

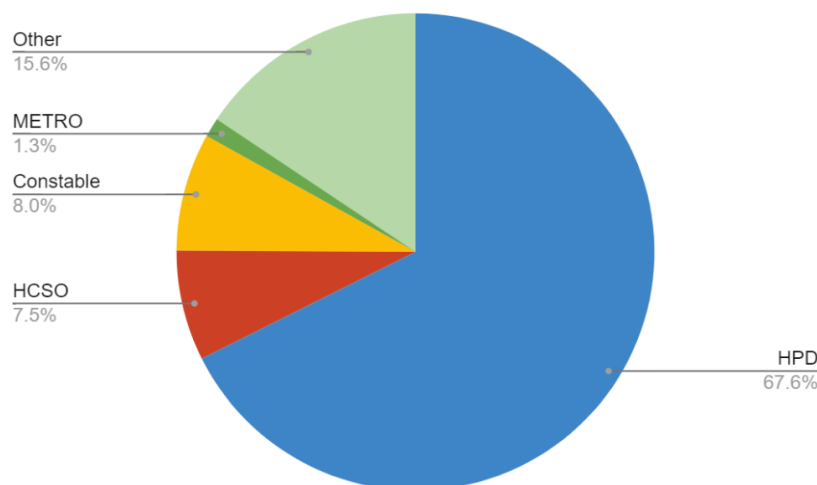
The Harris Center is the lead agency for the Jail Diversion Program, which is a collaboration between the Harris County Judge's Office, the Harris County Commissioners Court, the Harris County Sheriff's Office, the Houston Police Department, the Harris County District Attorney's Office, and the Harris County Criminal Justice Coordinating Council Mental Health Standing Committee.

The Jail Diversion Program connects people experiencing a mental health crisis with support at the **Judge Ed Emmett Mental Health Diversion Center** (the "Jail Diversion Center"), as a pre-charge diversion from jail.

The Jail Diversion Center is a 41-bed mental health diversion facility, which provides short-term, intensive, recovery-oriented services designed to stabilize an individual who is experiencing a decreased level of functioning due to a mental health condition. Individuals experiencing an acute psychiatric episode are transferred to the NeuroPsychiatric Center.

Figure 3

Drop-Offs to Judge Ed Emmett Diversion Center by Law Enforcement Agency, 2019



Source: The Harris Center, Jail Diversion Center Year-To-Date Report, August 2019

Individuals come to the Center via referrals from 40 law enforcement agencies in Harris County (it is not open to the public). The majority (68%) of Diversion Center drop-offs are made by the Houston Police Department (HPD). Harris County Constables and HCSO each account for approximately 8% drop-offs, and the METRO Police account for less than 2% of drop-offs. The Other/NA category includes school-based police, other police departments, and unknown agency drop-offs.

In 2019, the majority (79%) of individuals served in 2019 were male. Over half of the individuals were Black (59%); 23% were White; 12%, Hispanic; and 4%, Asian American. More than three quarters (79%) of the population served was identified as homeless. Criminal trespassing was the most common offense (89%).⁹

Officers who encounter an individual experiencing a mental health crisis while responding to a 9-1-1 call or during the pre-booking phase at the jail may bring the individual to the Diversion Center instead of jail if certain eligibility requirements are met.¹⁰ No charges are filed when an individual agrees to receive services at the Diversion Center. If a person enters into mental health crisis at the Jail Diversion Center, HCSO deputies complete the Notification of Emergency Detention Order (EDO) and transport the individual to a facility for evaluation.

All individuals arriving at the Jail Diversion Center receive a medical assessment from a Registered Nurse (RN) who is on-site full-time. The Center contracts with a Primary Care physician who conducts rounds at the center 7 days a week. The Center also provides crisis respite beds, peer engagement, psychosocial-rehabilitation, and integrated care and individual treatment plans to assist with stabilization. The Diversion Center offers comprehensive discharge planning and post-release case management. HCSO deputies provide 24/7 security for the Center.

NeuroPsychiatric Center (NPC)

The Harris Center operates the NeuroPsychiatric Center (NPC), which provides 24-hour crisis evaluation, treatment, and outpatient services for individuals with acute mental health issues. A person who voluntarily seeks mental health treatment may call or go to NPC or the Ben Taub General Hospital, which are both located in the Texas Medical Center.

NPC is the primary resource utilized county-wide by law enforcement for mental health diversions from jail. Involuntary individuals who need psychiatric evaluation may be transported to NPC (or any other psychiatric hospital) by law enforcement, who will file a request for an Emergency Detention Order (EDO) so that the person may be kept involuntarily in the hospital for a psychiatric evaluation. Individuals who need longer periods to stabilize are transferred to the Harris County Psychiatric Center.

When the NPC is on “drive by” status due to being at capacity limits (which occurs 30% of the time), Ben Taub General Hospital is the primary backup for law enforcement when diverting persons with mental health issues.

⁹ Harris Center Jail Diversion Center Year-To-Date Report, August 2019

¹⁰ Eligibility restricted to individuals with mental illness who have been picked up for low-level, non-violent offenses and are not in an acute crisis.

The Harris Center Crisis Line

The Harris Center Crisis Line is available 24 hours per day, 7 days per week. It serves anyone in Harris County who is experiencing a mental health and/or an intellectual and developmental disability (IDD) related crisis.

The Crisis Line was created in 2003 as part of the development of the Agency's Comprehensive Psychiatric Emergency Program (CPEP) Division. The Crisis Line provides counseling via telephone for crisis situations as well as referrals for mental health treatment and IDD assistance. Depending on the needs of the caller, Crisis Line will determine if a Mobile Crisis Outreach Team (MCOT), CIRT, EMS, or other intervention is needed. If the crisis counselor determines that the client might be involuntary or is dangerous, the CIRT team may respond.

The Harris Center has been designated as one of four Regional Suicide Care Support Centers in the state and serves as technical assistance hub for the region (which includes Harris County and geographically adjacent counties).

Harris Center's Crisis Intervention Response Teams (CIRT)

The Harris Center's Crisis Intervention Response Team (CIRT) was established in 2008 with The Harris Center and the Houston Police Department and in 2011 with the Harris County Sheriff Office—expanding service to all of Harris County. CIRT support is available 24 hours a day, 7 days a week and responds to any mental health call involving a person in serious crisis¹¹ and to any law enforcement agency in Harris County requesting CIRT assistance calls.

CIRT partners a licensed master's level clinician from The Harris Center with a specialized Houston Police officer or HCSO Deputy who ride in the car together for the duration of their shift to respond to calls assisting those experiencing a mental health crisis. The CIRT deputy and clinician provide an on-scene behavioral evaluation¹² to assess if a mental crisis is present and determine the appropriate course of action. This concept allows the use of intervention and de-escalation, along with Emergency Detention Orders and hospitalization as primary methods, in lieu of arrest and incarceration.

Since its inception, HCSO's CIRT has expanded and contracted its capacity. In 2014 and 2015 CIRT expanded its number of teams to eleven to meet the increased level of calls for service and Emergency Detention Orders (EDO's).¹³ As of the date of this report (July 2020) the total number of HCSO CIRT teams has been reduced to nine, with two to three CIRT units available at any one time.

CIRT interacts with the public through various Harris Center programs and by responding to 9-1-1 calls for service. CIRT assists The Harris Center clinics by safely transporting involuntary individuals from the clinics who are in crisis, to emergency psychiatric services, and the Diversion Center. CIRT may also be requested to provide

¹¹ Serious crisis may include but are not limited to barricaded suspects, individuals holding hostages or threatening to jump from overpasses or buildings.

¹² Evaluations include assessing individuals for danger to self or others, psychosis or mental health deterioration.

¹³ Harris County Sheriff's Office 2015 Annual Report.

https://www.harriscountysoc.org/documents/2015%20annual%20report_for%20web.pdf

on-scene support to The Harris Center's Mobile Crisis Outreach Team (MCOT). In addition, CIRT assesses detainees at the city jail to provide alternatives to incarceration for those in a mental health crisis. A jail diversion occurs if the person in crisis engaged in alleged criminal activity but was diverted from jail for treatment for mental illness. When CIRT responds to a 9-1-1 call for service they typically deliver the individual to an emergency psychiatric facility for further evaluation and stabilization (resulting in an EDO).

The Clinician and Officer Remote Evaluation program (CORE)

CORE is a partnership of The Harris Center and the Harris County Sheriff's Office (HCSO). It is a strategy of responding to mental health crisis calls utilizing a tablet and a HIPAA approved technology platform to connect 80 law enforcement officers to a mental health clinician at The Harris Center to provide a consultation in the community on a 911 call.¹⁴ Individuals engaging with the CORE program involves a referral by the clinician to be seen within 24 hours by Harris Center personnel if the person is left on the scene. While the primary in-person responder through CORE is law enforcement, this telehealth program provides quick and affordable access to mental health clinicians via technology.

CORE was established as a pilot program in December 2017 and began with equipping three patrol deputies with iPads that connect to psychiatrists. In 2018, phase two of the pilot connected HCSO with Harris Center clinicians. In December 2018, phase three launched, extending the CORE program to 20 deputies. As of the date of this report, the CORE program has expanded to 100 deputies. A final evaluation of this pilot is forthcoming from the University of Houston Downtown.¹⁵

Harris Center's Mobile Crisis Outreach Team (MCOT)

MCOT is an interdisciplinary mobile team of 39 staff members housed within The Harris Center that includes Psychiatrists, Registered Nurses, Licensed Master's Level Clinicians, Bachelor Level Clinicians, and Psychiatric Technicians specializing in crisis intervention. MCOT is a community-based collaborative that provides voluntary services to children and adults who are experiencing a mental health crisis in Harris County.

MCOT services include crisis response, psychiatric assessment, brief therapy, nursing services, nutrition education, substance abuse assessment, intensive case management, medication management to include initiation, restart or adjustment, as warranted and interventions for stabilization. MCOT also provides linkages and referrals to ongoing services, including: psychiatric, primary healthcare, substance abuse, treatment, residential, psychosocial, rehabilitation, financial, and vocational.¹⁶

MCOT services are field-based (providing service at homes, businesses, schools, etc.) and provided 24 hours a day, seven days a week. Services are targeted towards people who are in a mental health crisis but are unable and/or initially unwilling to access services through a traditional psychiatric outpatient setting; at risk for hospitalization

¹⁴ Supplemental Information for Harris County Budget Book FY2020-2021 (pg. 10)

¹⁵ HCSO 2019 Annual Report, Mental Health and Jail Diversion. (pg 33)

¹⁶ <https://www.theharriscenter.org/Portals/0/MCOT.pdf>

without immediate intervention; not in acute crisis but in need of outreach services to prevent further deterioration and to ensure linkage to appropriate outpatient psychiatric services and community services.¹⁷

MCOT responds to requests for service through The Harris Center Crisis Line and support requested from CIRT. MCOT may transport voluntary individuals to a hospital or other location for in-patient services. MCOT does not drop-off involuntary individuals at psychiatric centers or the Jail Diversion Center (which only receives law enforcement drop-offs).

NEXT STEPS

Key Issues Identified. During the course of research for this report, two key issues were highlighted by stakeholders: legal EDO barriers and eligibility and capacity restrictions.

1. **Legal EDO Barriers.** Any non-law enforcement response to a person who is ultimately deemed to be in crisis and needs to be involuntarily detained (through an EDO) and transported, requires a law enforcement response per state law.¹⁸ To allow for EMS and others (such as medical staff) to issue an EDO would require a legislative change to 573.001 of the Texas Health & Safety Code. This is a key aspect of eliminating law enforcement contact with individuals requiring social services support.
2. **Capacity and Eligibility.** Interaction with law enforcement may be reduced or eliminated by expanded capacity and eligibility of some programs. For example, funding for NPC – which is the primary resource utilized county-wide by law enforcement for mental health diversions from jail – has not kept pace with demand and operates at-capacity about 30% of the time. When NPC is full, individuals are transported to Ben Taub or other general hospitals with capacity, which can be time-consuming and increases the amount of time individuals interact with law enforcement. If the authority to transport involuntary individuals to NPC was extended to EMS and others, and capacity were expanded at NPC, law enforcement interaction with mentally ill individuals would be significantly reduced and eliminated in some cases. Consideration may also be given to the eligibility requirements at the Judge Ed Emmett Jail Diversion Center.

The Commissioners Court should consider these issues when identifying non-law enforcement responses to mental health and substance abuse issues.

¹⁷ <https://www.theharriscenter.org/Portals/0/MCOT.pdf>

¹⁸ Texas Health and Safety Code, Chapter 573. <https://statutes.capitol.texas.gov/Docs/HS/htm/HS.573.htm>

Gaps Identified. Due to the expedited timeframe and limited data available, several informational and analytical gaps exist in this report. In addition to addressing the gaps and key issues identified above, the forthcoming report will provide budget and volume of service-related data for existing programs, and cost estimates for each policy option proposed. Data collection and transparency are key metrics needed to measure the success of existing and proposed programs.

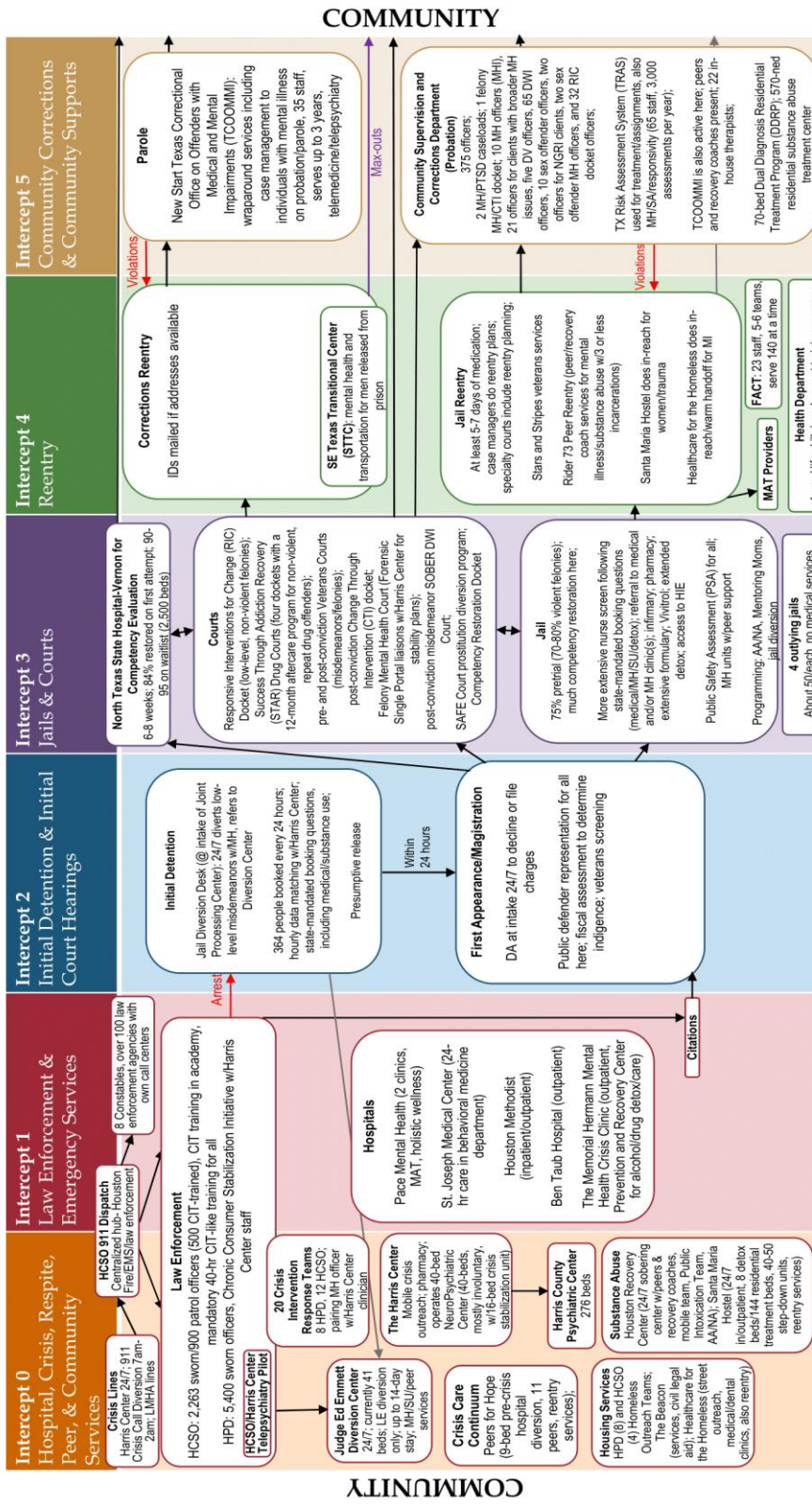
If the Commissioners Court is interested in pursuing a non-law enforcement response to 9-1-1 calls for mental health and substance abuse, the process for establishing a response should begin with reviewing the current systems and resources available (described in this report) and identifying gaps in service. Specifically, the existing law enforcement supports, resources, and programs.

A recommended process for identifying gaps in service and strategies to increase diversions from the criminal justice system and towards community-based treatments is the Sequential Intercept Model. The Sequential Intercept Model clarifies points or “intercepts” of how and when individuals with behavioral health needs come into contact with and flow through the criminal justice system.¹⁹ In 2019, researchers engaged in Sequential Intercept Model “mapping” for Harris County and included a comprehensive overview of gaps in service and opportunities for improvement.²⁰ Further action on this work may be delegated to the Mental Health Sub-Committee of the Criminal Justice Coordinating Council.

¹⁹ Policy Research. (2019). Sequential intercept model mapping report for Harris County, TX. Delmar, NY: Policy Research, Inc., pg. 6

²⁰ See Appendix A for map. Policy Research. (2019). Sequential intercept model mapping report for Harris County, TX. Delmar, NY: Policy Research, Inc., pg. 6

APPENDIX A



The Harris County Commissioners Court's Analyst's Office provides the Harris County Commissioners Court members with objective, nonpartisan, and timely fiscal and policy analysis related to the efficiency and effectiveness of various County operations.

This report was prepared by Amy Rose, Analyst, with contributions from Will Janowski, Analyst.

Commissioners Court's Analyst's Office
1115 Congress Street, 6th Floor
Houston, Texas 77002

Main: (832) 927-6900
Email: info@ccao.hctx.net